

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

PLAINTIFF STEVE JACKSON	COURT CASE NUMBER 08 C 2520
DEFENDANT SHERIFF TOM DART, ET AL.	TYPE OF PROCESS SUMMONS & COMPLAINT
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>SERVE AT</b> <u>SUPERINTENDANT ANDREWS AT COOK COUNTY JAIL</u> ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>2700 SOUTH CALIFORNIA AVENUE - CHICAGO, IL 60608</u> , Legal Dept. 2nd flr, av. 5	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285 1
STEVE JACKSON - #2006-0060297 COOK COUNTY JAIL P.O. BOX 089002 CHICAGO, ILLINOIS 60608	Number of parties to be served in this case 11
	Check for service on U.S.A. X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

**FILED**

Fold

Fold

AUG 05 2008 RC  
Aug 5 2008  
MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT

Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT	<u>08-10-08</u>	

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <u>11</u>	District of Origin No. 24	District to Serve No. 24	Signature of Authorized USMS Deputy or Clerk <u>R.I.</u>	Date <u>08-10-08</u>
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I hereby certify and return that I  have personally served  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above) <u>Ronna Farmandis</u>	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date <u>1/21/08</u> Time <u>12</u> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Signature of U.S. Marshal or Deputy <u>P.B.</u>	

Service Fee	Total Mileage Charges including <del>endeavors</del>	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or (Amount of Refund*)
<b>One Service Charge Same Case + Location. See Process Sheet # 2 for charges.</b>					
REMARKS:					